

Main CITT Questionnaire (top) & IRIS / SHIFT Questionnaire (bottom)

(0-60 score, >15 considered a fail)

Tick the appropriate box and then total each column and use weighting multiplier at bottom to get final score

Question to Ask Patient (Parent if child under 12)	Never	Not often	Sometimes	Fairly often	Always
1 Do your eyes feel tired when reading or doing close work?					
2 Do your eyes feel uncomfortable when reading?					
3 Do you have headaches when reading?					
4 Do you feel sleepy when reading?					
5 Do you lose concentration when reading?					
6 Do you have trouble remembering what you have read?					
7 Do you have double vision when reading?					
8 Do you see the words move or jump when you read?					
9 Do you feel like you read slowly?					
10 Do your eyes ever hurt when reading?					
11 Do your eyes ever feel sore (i.e. achy) when reading?					
12 Do you ever feel a "pulling feeling" around your eyes?					
13 Do you notice words coming in and out of focus?					
14 Do you lose your place / line when reading?					
15 Do you have to re-read the same line when reading?					
Multiply total score in column by FACTOR	x 0	x 1	x 2	x 3	x 4
Add scores in the boxes to the right (score of > 15 a fail)					

Question to Ask Patient (Parent if child under 12)	Never	Not often	Sometimes	Fairly often	Always
1 Do you ever feel dizzy or off balance?					
2 Do you feel nausea if you change posture quickly?					
3 Do you get motion sickness?					
4 Do you tend to "drift off to one side" when walking?					
5 Do you get panic attacks?					
6 Do you get any symptoms of depression?					
7 Do you take pain medications?					
8 Do you feel unsafe driving?					
9 Do you feel as though you get visually fatigued quickly?					
10 Do you have trouble with short term memory?					
11 Do you bump into things unexpectedly?					
12 Do you ever get double vision?					
13 Does your vision tend to fluctuate in terms of clarity?					
14 Are you light sensitive?					
15 Do you have problems watching 3D movies?					
Multiply total score in column by FACTOR	x 0	x 1	x 2	x 3	x 4
Add scores in the boxes to the right (score of > 15 a fail)					